

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**

07-13-2001 90001 039 \*\*\*550.00

0103286 AV

**DOCUMENT # P00000048549**

1. Entity Name  
**NEVRLAND, INC.**

Principal Place of Business  
**613 TRUMPET PL**  
**CELEBRATION FL 34747**

Mailing Address  
**613 TRUMPET PL**  
**CELEBRATION FL 34747**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**741 Front Street #140**  
 Suite, Apt. #, etc.  
**#140**

3. Mailing Address  
**741 Front Street**  
 Suite, Apt. #, etc.  
**#140**

City & State  
**Celebration, FL**  
 Zip  
**34747**  
 Country  
**USA**

City & State  
**Celebration, FL**  
 Zip  
**34747**  
 Country  
**USA**

4. FEI Number  
**59-3670490**  
 Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ANDREWS, CLAUDINE S**  
**613 TRUMPET PL**  
**CELEBRATION FL 34747**

## 7. Name and Address of New Registered Agent

Name **Claudine S. Andrews**  
 Street Address (P.O. Box Number is Not Acceptable)  
**741 Front Street #140**  
 City **Celebration** **FL** Zip Code **34747**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Claudine Andrews - President** **7/5/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ANDREWS, CLAUDINE</b> <b>613 TRUMPET PL</b> <b>CELEBRATION FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GODKIN, CHRIS</b> <b>303 NORTH VILLAGE ST</b> <b>CELEBRATION FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALBRIZZI, KEITH</b> <b>613 TRUMPET PL</b> <b>CELEBRATION FL 34747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>CHRIS Godkin</b> <b>303 NORTH VILLAGE ST</b> <b>CELEBRATION FL 34747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Claudine Andrews</b> <b>741 Front Street #140</b> <b>Celebration FL 34747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Claudine S. Andrews** **7/5/01** **407 566 094**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)